	Party Contacts		
	Site Name EPA ID (e.g.ILD000000000) Party Name	Chemical Recedety	
			4
	Larty Name		
	Contact Name Address		
	Address	A STANFOY	
ENDER:	COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
Complet	o items 1 2 and 3. Also complete	A. Received by (Please Print Clearly) B. Date of Delivery	
	Restricted Delivery is desired. ur name and address on the reverse	C. Signature	
	we an return the card to you. his card to the back of the mailpiece,	X Addressee ()	
■ Attach t or on th	e front if space permits.	D. Is delivery address different from item 1? Yes	
1	ddressed to:	If YES, enter delivery address below:	
ð		20 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Cher	netron Process Equip.		
c/o S Corp	PX Valves & Controls orate Facility	SUPERFUND DIVISION	
250	Riverside Ave. N.	3. Service Type Certified Mail	
Sarte	ell, MN 56377	Registered Return Receipt for Merchandise	
		☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article	Number 7001 0	320 0006 1450 5549	
_	er from service label)	Return Receipt 102595-01-M-1424	
PS Form	3011, Maion 2001		
Ci (Do	Chemetron Process Equip. c/o SPX Valves & Controls Corporate Facility 250 Riverside Ave. N. Sartell MN 56377	W. Adams SR-6J re: CRS Phone #2 Internet (address)	
	* Available Roles:	 PRP Contractor PRP Parent Company PRP Subsidiary PRP Successor PRP Trustee Technical Workgrow 	up Contact Person US EPA RECORDS CENTER REGION 5 463545
	Enforcement Specialis	t/Date	Draft 3/15/2001